

Filing Fee \$20.00

LIMITED LIABILITY PARTNERSHIP

STATE OF MAINE

**TERMINATION OF STATEMENT OF
INTENTION TO DO BUSINESS UNDER
AN ASSUMED OR FICTITIOUS NAME**

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Real Name of Limited Liability Partnership)

Pursuant to 31 MRSA §805-A.8, the undersigned limited liability partnership executes and delivers the following Termination of Statement of Intention to do Business Under an Assumed or Fictitious Name:

FIRST: The limited liability partnership no longer intends to transact business under an assumed or fictitious name.

SECOND: The limited liability partnership intends to terminate the assumed or fictitious name of

_____.

PARTNER(S)*

DATED _____

(signature)

(type or print name and capacity)

For Partner(s) which are Entities

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

*Certificate **MUST** be signed by at least one **partner** (§826.1.B and §860.1).

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [Title 17-A, section 453](#).

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**